

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014702

State File No.

FILED APR 20 1959

2 3043

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		c. LENGTH OF STAY (in this place) <u>27 hrs 22 min</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brentwood 4511</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Evangelical Deaconess Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>8840 Cager Road</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Baby.</u>		b. (Middle) _____		c. (Last) <u>Blick.</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>0</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-14-1959</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <u>3-13-1959</u>		9. AGE (In years last birthday) <u>1</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>22</u> IF UNDER 24 HRS. Hours <u>1</u> Min. <u>22</u>	
11a. FATHER'S NAME <u>Edward Forrest Blick</u>				13b. MOTHER'S MAIDEN NAME <u>Stella Irene Patchin</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Irene Blick</u> ADDRESS <u>8840 Cager Rd. (17) Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Anemia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>750X</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION _____			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20. AUTOPSY? / YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3-13</u> , 19 <u>59</u> , to <u>3-14</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>3-14</u> , 19 <u>59</u> , and that death occurred at <u>10:00 AM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Norman C. Ross</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1695 Brentwood Blvd</u>		23c. DATE SIGNED <u>3-15-59</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>3-31-59</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>MAR 26 '59</u>		REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland Aker</u>		ADDRESS <u>4404 Manchester</u>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_  
\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.